

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09/937053

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.
1	1						51			
2		1					52			
3		2					53			
4		1					54			
5		1					55			
6		1					56			
7		1					57			
8		1					58			
9		1					59			
10		1					60			
11		1					61			
12		1					62			
13		1					63			
14	1						64			
15		1					65			
16		2					66			
17		2					67			
18							68			
19							69			
20							70			
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40							90			
41							91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.	2						TOTAL IND.			
TOTAL DEP.	13						TOTAL DEP.			
TOTAL CLAIMS	20						TOTAL CLAIMS			

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

Best Available Copy